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**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)

RPS920010145US1

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]
on 8-25-05

Signature

Toni Stanley

Typed or printed
name Toni Stanley

In re Application of
Antonio Abbondanzio

Application Number
09/981,519

Filed
10/17/2001

For Automatically Switching Shared Remote Devices...

Art Unit
2127

Examiner
Kenneth Tang

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 500.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0563. I have enclosed a duplicate copy of this sheet.
- ☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- ☐ applicant/inventor.
- ☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)
- ☒ attorney or agent of record.
Registration number 47,159
- ☐ attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____

Robert A. Voigt, Jr.

Signature
Robert A. Voigt, Jr.

Typed or printed name

512.370.2832

Telephone number

08/25/2005

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

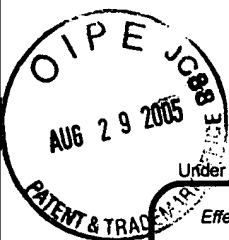
☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 41.31: The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

08/29/2005 SSESHE1 00000071 500563 09981519

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PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 500.00**Complete if Known**

| | |
|----------------------|---------------------|
| Application Number | 09/981,519 |
| Filing Date | 10/17/2001 |
| First Named Inventor | Antonio Abbondanzio |
| Examiner Name | Kenneth Tang |
| Art Unit | 2127 |
| Attorney Docket No. | RPS920010145US1 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ NoneDeposit
Account
Number
Deposit
Account
Name

50-0563

IBM Corporation

The Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- ☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING FEE**

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|------------------------|----------|-----------------------|--------------|
| Utility Filing Fee | 790 | 395 | |
| Design Filing Fee | 350 | 175 | |
| Plant Filing Fee | 550 | 275 | |
| Reissue Filing Fee | 790 | 395 | |
| Provisional Filing Fee | 160 | 80 | |

Subtotal (1) \$**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 | 50 | 25 |
| Each independent claim over 3 | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| For Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| For Reissues, each independent claim more than in the original patent | 200 | 100 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--|--------------|----------|---------------|
| _____ - 20 or HP = _____ x _____ = _____ | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|
| _____ - 3 or HP = _____ x _____ = _____ | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | |

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
| _____ | _____ | _____ |

Subtotal (2) \$**3. OTHER FEES**

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|-------------------------------------|----------|-----------------------|--------------|
| 1-month extension of time | 120 | 60 | |
| 2-month extension of time | 450 | 225 | |
| 3-month extension of time | 1,020 | 510 | |
| 4-month extension of time | 1,590 | 795 | |
| 5-month extension of time | 2,160 | 1,080 | |
| Information disclosure stmt. fee | 180 | 180 | |
| 37 CFR 1.17(q) processing fee | 50 | 50 | |
| Non-English specification | 130 | 130 | |
| Notice of Appeal | 500 | 250 | 500 |
| Filing a brief in support of appeal | 500 | 250 | |
| Request for oral hearing | 1,000 | 500 | |
| Other: | | | |

Subtotal (3) \$ 500**SUBMITTED BY**

| | | | |
|-------------------|----------------------|--|------------------------|
| Signature | | Registration No. (Attorney/Agent) 47.159 | Telephone 512.370.2832 |
| Name (Print/Type) | Robert A. Voigt, Jr. | Date 08/25/2005 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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